

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90038 015 \*\*\*138.75

60034786



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **76-0718193** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

AMERICAN INFORMATION SERVICES, INC.  
ONE SE THIRD AVE. 27TH FLOOR  
MIAMI, FL 33131

Service U.S.A., Inc  
450 E. Las Olas Blvd.  
Suite 1500  
Ft. Lauderdale, FL 33301

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Cris V Brandon, VP*

*4/16/08*

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME MGRM ☐ Delete  
H WAYNE HUIZENGA PERP TRUST, SHC  
STREET ADDRESS 450 LAS OLAS BLVD STE 1500  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR ☐ Delete  
HUIZENGA, H. SCOTT  
STREET ADDRESS 450 LAS OLAS BLVD STE 1500  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Cris V Brandon*

*4/16/08*